ISSUE SL'I STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE 70385 FEE DETERMINATION O.I.P.E. CLASSIFIER **FORMALITY REVIEW** -29-9° 1-21-00 INDEX OF CLAIMS Rejected Non-elected Allowed Interference (Through numeral) Canceled Restricted 0 Objected Ctaim Date Claim Date Ctaim Date Final Original 36112 114 115 117 118 119 120 121 123 124 125 126 127 129 130 132 134 135 136 137 38 3 89 ŀ 139 4 90 5 91 141 6 92 7 93 T 142 143 94 9 95 10 96 144 146 148 149 150 ú 97 () 98 11 99 14100 If more than 150 claims or 10 actions

If more than 150 claims or 10 actions staple additional sheet here

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